11607

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County: Frederick

City or town: Jefferson RFD
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Jefferson RFD
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: Erma F. Ahalt

3. (b) Social Security Number: No

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Marshall C. Ahalt

6.(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Sept. 5 - 1892

8. AGE: Years: 48 Months: 2 Days: 1 If less than one day: hrs. min.

9. Birthplace: Middletown, Frederick County, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Maurice C. Brandenburg
13. Birthplace: Middletown, Md.

MOTHER
14. Maiden name: Martha Bussard
15. Birthplace: Middletown, Md.

16. Informant: Claude Ahalt
Address: Jefferson, Md

17. Burial (Burial, cremation, or removal Which?) Date thereof: Nov. 8 - 1940 (month) (day) (year)

Cemetery or crematory: Reformed Cemetery

Location: Middletown Md

18. Funeral director: Gladhill Co.
Address: Middletown, Md.

19. Nov. 8th 1940 (Date rec'd by registrar) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 6 1940 at 2 45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5 1940, to Nov 6 1940 and that I last saw her alive on Nov. 5 1940

Immediate cause of death: Probable acute Cardiac Dilitation — DURATION: 24 hrs

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. E. Hoop M.D. (M. D. or other)

Address: Middletown Date signed: Nov 7 '40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11608

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Frederick Registration Dist. No. 137

Village or City near Libertytown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. T. Abaugh If U. S. Veteran, specify WAR —

(a) Residence: No. St., Ward. —

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Lee Stottlemyer

6. DATE OF BIRTH (month, day, and year) July 14 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) near Libertytown Frd. Co. Md.

FATHER

13. NAME Abraham Abaugh

14. BIRTHPLACE (city or town) (State or country) near Libertytown Fred Co. Md

MOTHER

15. MAIDEN NAME Agnes Jay

16. BIRTHPLACE (city or town) (State or country) near Middletown Fred. Co. Md

17. INFORMANT Mrs Emma S Stottlemyer (Address) Libertytown, Md

18. BURIAL, CREMATION, OR REMOVAL Burial Place Utica Date Dec 1, 1940

19. UNDERTAKER G C Barton (Address) Walkersville md

20. FILED Nov 30, 1940 W R Runyeon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936, to Nov. 28, 1940.

I last saw him alive on Nov. 28, 1940; death is said to have occurred on the date stated above, at 6.30 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	about 1935

Other Contributory Causes of Importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify —

(Signed) C. A. Stultz M. D.

(Address) Woodsboro Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

DEC 4 1940

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (55-C)

11609

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1 Mo
Stay in this community (yrs., or mos., or days): 1 Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Crownsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Crownsville State Hospital
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Dudley F Bennett
3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Willette Bennett
6 (c) If alive, give age: 24 years
7. Birth date of deceased (mo., day, yr.): May 22 1895
8. AGE: Years 45 Months 5 Days 23 If less than one day ___ hrs. ___ min.
9. Birthplace: Williamsport. Pa. (Town, county, and state)
10. Usual occupation: Asst-Supervisor
11. Industry or business
FATHER 12. Name: Budd T Bennett
13. Birthplace: Panna.
MOTHER 14. Maiden name: Martha Binson
15. Birthplace: Wales
16. Informant: Dudley F Bennett
Address: Crownsville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 16 1940 (month) (day) (year)
Cemetery or crematory: Mooreland Memorial Cem
Location: Baltimore. Md.
18. Funeral director: Wm Cook
Address: Baltimore. Md.
19. 11/14 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH: Nov 14 1940, at 11.24
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 1940, to Nov 14 1940, and that I last saw him alive on Nov 14 1940.
Immediate cause of death: Lung Metastasis from Carcinoma of the Thyroid
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: Carcinoma of the Thyroid
Complete autopsy not allowed
DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: John E. Goodfasture M.D. (M. D. or other)
Address: State Sanatorium, Md Date signed: 11/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 28 1940
BUREAU V. S.

11610

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred:
517 Middle Alley
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 517 Middle Alley
(If rural, give LOCATION)
2.(a) If veteran, name war none

3.(a) FULL NAME Beatrice Brown

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) ~~Single, married~~ widowed, or ~~divorced~~
female	colored	widow

6.(b) Name of husband ~~or wife~~ Oliver Brown
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) July 4, 1909

8. AGE:

Years	Months	Days	If less than one day
31	3	29	..... hrs. ..... min.

9. Birthplace Frederick, Fred., Maryland.
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business

FATHER
12. Name Glenn Cann,
13. Birthplace Frederick, Co., Md.

MOTHER
14. Maiden name Florence Walker,
15. Birthplace Frederick, Md.

16. Informant Mrs. Charles Jordan,
Address 427 Middle Alley, Frederick, Md.

17. burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof 11 / 5 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Fairview Cemetery
Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. 5-Nov 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1940, at 10 P. M

21. I CERTIFY that death occurred on the date above stated: that I ~~attended deceased from~~ ..... 19..., to ..... 19.....
~~and that I last~~ saw her ~~alive~~ dead on Nov 3 1940

Immediate cause of death Burns, first second + third degree — DURATION: immediate
Due to Fight throwing
Due to Coal oil + accidentally upsetting lamps
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Nov 3 '40
Where did injury occur? Frederick (City or town), Frederick (County) Md. (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Fire Injured at work? no

23. SIGNATURE R. W. Bow M. D. or other
DR. R. W. BOW DEPUTY MEDICAL EXAMINER
Address Frederick Md Date signed 11.3.40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

11611

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH

County: Frederick

City or town: Libertytown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Fred

City or town: Libertytown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Gilbert ardaine ~~Smith~~ Brown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): April 23rd 1940

8. AGE: Years: — Months: 6 Days: 14 If less than one day ... hrs. ... min.

9. Birthplace: Frederick Co
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Wm A Smith
13. Birthplace: Md

MOTHER
14. Maiden name: Rachael C Brown
15. Birthplace: Md

16. Informant: Wm A Smith
Address: Libertytown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 9th 1940 (month) (day) (year)

Cemetery or crematory: John Wesley Cemetery

Location: Libertytown Md

18. Funeral director: Powell & Albaugh
Address: Libertytown Md

19. Nov 8 1940 (Date rec'd by registrar) W. D. Grefman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 7th 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 4 1940, to Nov. 7 1940 and that I last saw him alive on Nov. 7 1940

Immediate cause of death: Lobar Pneumonia

Due to: —

Due to: —

Other conditions: —
(Include pregnancy within 3 months of death)

DURATION: 3 days

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Wm Scott Smith M. D. or other

Address: Frederick, Md Date signed: 11-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU U. S.

VS A15 523-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

11612

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Brunswick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 321 "A" St.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 50 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 321 A St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none.

3. (a) FULL NAME Joseph Eaty Cage

3. (b) Social Security Number none.

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Alberta Longpike

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 4 1868

8. AGE: Years 72 Months 11 Days 12 If less than one day ___ hrs. ___ min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual occupation B. & O. R.R. Conductor Retired.

11. Industry or business

FATHER

12. Name William Cage

13. Birthplace West Virginia

MOTHER

14. Maiden name Margaret Eaty

15. Birthplace West Virginia

16. Informant Mrs Grace Ayers

Address 321 A St. Brunswick Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19 1940 (month) (day) (year)

Cemetery or crematory

Location Shepherdstown West Virginia

18. Funeral director C. H. Feete & Bro

Address Brunswick Md.

19. Nov 19 1940 (Date rec'd by registrar) Mrs H. L. Hodges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__ to Nov 16 1940, and that I last saw him alive on Nov. 16 1940.

Immediate cause of death

Due to Cerebral Complications and Congestion of Lung

Due to By "cerebral complications", arterio-sclerosis is meant.

Other conditions Duration: 15 or 20 years. C.W.G.R.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lavin West M. D. or other

Address Brunswick Date signed Nov 18

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

11613

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County: Frederick

City or town: Graceham
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Washington D.C.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Bonita Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Richard Grover Conover

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Laura L. Conover

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 8 1863

8. AGE: Years 77 Months 4 Days 22 If less than one day ..... hrs. ..... min.

9. Birthplace: New York City N.Y.
(Town, county, and state)

10. Usual occupation: By Government of U.S.

11. Industry or business: Department of Justice

FATHER
12. Name: Garret Conover
13. Birthplace: New York

MOTHER
14. Maiden name: Unknown
15. Birthplace:

16. Informant: Katharine Conover

Address: 10117 - 106th St. Ozone Park Long Island

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 4 1940 (month) (day) (year)

Cemetery or crematory: Kensico New York city

Location:

18. Funeral director: Wilhide & Creeger

Address: Thurmont Md

19. Dec. 2 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 30" 1940, at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5" 1940, to Nov 30 1940 and that I last saw him alive on Nov 30" 1940

Immediate cause of death	DURATION
Abscess lung - chronic pleurisy (non tubercular)	3 weeks
Due to	
Due to	
Other conditions: Chronic myocarditis	5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Morris A. Birely MD
M. D. or other

Address: Thurmont Md Date signed 12/1/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 16 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (148)

CERTIFICATE OF DEATH

11614

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
~~City or town~~ Rural, nr. Harmony Grove
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Fred.
~~City or town~~ Rural, nr. Harmony Grove Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Bertie B. Cramer

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband or ~~wife~~ Harry E. Cramer

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1885

8. AGE:

Years	Months	Days	If less than one day
55	0	13	____ hrs. ____ min.

9. Birthplace Creagerstown, Fred. Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George E. Ramsburg
13. Birthplace Fred. Co., nr. Creagerstown

MOTHER
14. Maiden name Ellen Holland
15. Birthplace Fred. Co. Md.

16. Informant Mrs. Hilda E. Martin
Address Thurmont, R. F. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 24, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Glade Cemetery
Location Walkersville - Md.

18. Funeral director P. C. Baxter
Address Walkersville Md.

19. 23-Nov 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. ~~DATE OF DEATH~~ Nov 19 22nd 40 11 A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__ and that I last saw h~~e~~ or ~~died~~ alive on 11. 22 1940

Immediate cause of death	DURATION
Drowning	Immediate
Due to Suicide	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide~~, or homicide Suicide Date of 11-22-40
Where did injury occur? Frederick Co. Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) farm home
Means of injury Jumped in cistern Injured at work? No

23. SIGNATURE P. W. Barr Deputy Coroner Fred. Co. Md.
M. D. or other
Address Frederick, Md Date signed 11-22-40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-cl)

CERTIFICATE OF DEATH

11615

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
8 W. Patrick
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 8 W. Patrick
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Lydia Ann Cutsail

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~Single, married, widowed, or divorced~~
Female	white	widow

6 (b) Name of husband or ~~wife~~ James H.L. Cutsail
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 17, 1859

8. AGE: Years	Months	Days	If less than one day
81	9	11	____ hrs. ____ min.

9. Birthplace Nr. Buckeystown, Fred., Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At home
FATHER 12. Name Jeramiah Kanode
13. Birthplace Fred. Co., Md.
MOTHER 14. Maiden name Amelia Layman,
15. Birthplace Freder. Co., Md.
16. Informant Mr. Horace E. Cutsail,
Address Frederick, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 / 30 / 40 (month) (day) (year)
Cemetery or ~~cemetery~~ Mt. Olivet Cemetery,
Location Frederick, Md.
18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.
19. 30 Nov 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28th., 1940, at 10.30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-22-32 1940 to Nov. 28, 1940, and that I last saw h er alive on Nov. 28, 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	11-24-40
Due to Cardiovascular disease Arteriosclerosis	3-28-40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE O. H. Coulter M. D. or other
Address Frederick, Md. Date signed 11/30/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11616

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 yrs.
Hospital, Institution, or street address where death occurred: 18 West 6th St.
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 187 N. 6th.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME: Mary Swann Klanner

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
male	White	married

6.(b) Name of ~~husband~~ or wife: Cora Null Klanner
6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): March 4 - 1868

8. AGE: Years	Months	Days	If less than one day
72	8	22	— hrs. — min.

9. Birthplace: Frederick Co. Md. (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business: Workman C & P. Telephone Co.
FATHER 12. Name: Thomas Klanner
FATHER 13. Birthplace: Frederick Co. Md.
MOTHER 14. Maiden name: Lydia Ludrig
MOTHER 15. Birthplace: Middletown, Md.
16. Informant: Mary F. Klanner
Address: Frederick, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/29/40 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Frederick, Maryland
18. Funeral director: C. E. Cline and Son
Address: Frederick Maryland
19. 29 - Nov 1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 27 1940 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23 1940 to Nov. 24 1940.
and that I last saw him alive on Nov. 24 1940.

	DURATION
Immediate cause of death: Coronary Thrombosis	4 days.
Due to: Chronic Myocarditis	?
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Howard W. Ark M.D.
M. D. or other
Address: Frederick, Md Date signed 11/28/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13

11617

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in this community (yrs., mos., or days) 65

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City or town~~ Frederick R. F. D. #4 (If outside city or town limits, write RURAL and give town)
(d) Street No. Rural (If rural give location)
(e) If foreign born, how long in U. S. None years

3 (a) **FULL NAME** Willis Edward Derr

3 (b) If veteran, name war: NONE
3 (c) Social Security No. NONE

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband~~ or wife: Maude Roelkey
6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 8, 1876

8. AGE: Years 64 | Months 7 | Days 5 | If less than one day ____hr. ____min.

9. Birthplace Near Feagaville, Md. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Own Farm

FATHER
12. Name Charles Edward Derr
13. Birthplace Feagaville, Md.

MOTHER
14. Maiden Name Annie Zimmerman
15. Birthplace Feagaville, Md.

16 (a) Informant Mrs. Willis Edward Derr
(b) Address Frederick, R.F.D.#4

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Luke's
Location Feagaville, Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Md.

19 (a) 14-Nov-'40 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death 11-13- 1940 at 7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 30 1940, to Nov. 13 1940, and that I last saw him alive on Nov. 12 1940.

Immediate cause of death	Duration
Lobar pneumonia	Nov. 1, to Nov. 13
Due to	
Due to	
Other conditions Streptococcus Viridans (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. T. Corley M. D. or other
Address Frederick Date signed 11/14/40

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-L)

CERTIFICATE OF DEATH

11618

Reg. Dist. No. 140

1. PLACE OF DEATH:
County Frederick
City or town near Detour Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town near Detour
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Ella Katharine Dutrow

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1. 1887

8. AGE: Years	Months	Days	If less than one day
53	5	0	hrs. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)
10. Usual occupation Seamstress
11. Industry or business —

FATHER
12. Name Milton S. Dutrow
13. Birthplace Fredk. Co. Md.

MOTHER
14. Maiden name Elizabeth P. Myers
15. Birthplace Fredk. Co. Md.

16. Informant Lester G. Dutrow
Address Detour Md.

17. Burial Date thereof Nov. 3, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Hope
Location 2 Woodsboro Md.

18. Funeral director Powell & Albaugh
Address Woodsboro Md.

19. Nov 2 1940 L C Powell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1940 at 12:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938 to Nov 1 1940
and that I last saw h[illegible] alive on Oct 26 1940

Immediate cause of death	DURATION
Rheumatic Carditis Chronic	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C E Bostian M. D. or other
Address Walkersville Md. Date signed Nov 2, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 3 1040
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (B)

Reg. Dist. No. 135

11619

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick Co.

(b) City or town Rural near Myersville
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick Co

(c) City or town Rural near Myersville
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Eckard

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	S

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6 - 1940

8. AGE: Years	Months	Days	If less than one day
—	—	—	Stillborn hr. min.

9. Birthplace Frederick Co. Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name William F. Eckard
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Shirley Kimball
15. Birthplace Smithsburg Md.

16 (a) Informant Wm. F. Eckard
(b) Address Smithsburg Md. Rt # 1

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location Buried at home

18 (a) Funeral director —
(b) Address

19 (a) Nov 6, 1940 (Date rec'd by registrar) (b) Charles L Leatherman Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 6 1940, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19—, to — 19—, and that I last saw him alive on — 19—.

Immediate cause of death	Duration
Stillborn	
Pre-natal injuries	
Due to	
absence of amniotic fluid	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Staton M. D.
M. D. or other

Address Myersville Md. Date signed 11-6-'40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-11)

CERTIFICATE OF DEATH

11620

Reg. Dist. No. 13(=

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, Institution, or street address where death occurred:

114 East South Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 114 East South Street

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Charles Edward Esworthy

3.(b) Social Security Number: None

4. Sex	5. Color or Race	6.(a) Single, married, widowed, or ~~divorced~~
Male	White	Widowed

6.(b) Name of ~~husband~~ or wife: Susan V. O. Esworthy

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 13, 1857

8. AGE: Years	Months	Days	If less than one day
83	2	25	hrs. min.

9. Birthplace: Frederick County, Maryland (Town, county, and state)

10. Usual occupation: Track Supervisor - Retired

11. Industry or business: Railroad

FATHER

12. Name: James Esworthy

13. Birthplace: Frederick County, Maryland

MOTHER

14. Maiden name: Mary Winpigler

15. Birthplace: Frederick County, Maryland

16. Informant: Mrs. Roy Perrell

Address: Baltimore, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Nov. 9, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: C. E. Cline and Son

Address: Frederick, Maryland

19. 8-Nov 1940 (Date rec'd by registrar) Ira L. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-6-40 19.... at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ....19.38...., to ....19.40....

and that I last saw h... alive on 11-6- 19.40

Immediate cause of death	DURATION
Cerebral apoplexy	8 hrs.
Due to: arterio sclerosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Dr. A. P. Bourne M. D. or other

Address: Frederick, Md. Date signed: 11/8/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Mr. Brown, Jr.

RECEIVED
DEC 5 1940
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

11621

Reg. Dist. No. 13 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 38 S. Market
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 12 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 38 S. Market
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Harry Hutchinson Ewing

3. (b) Social Security Number 215-09-6926

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6 (b) Name of ~~husband~~ or wife Ethel Elliott
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1890

8. AGE: Years	Months	Days	If less than one day
50	8	20	hrs. min.

9. Birthplace Huntington, Huntington, Pa.
(Town, county, and state)
10. Usual occupation Ins. Agent
11. Industry or business

FATHER
12. Name Asbury Ewing,
13. Birthplace Huntington, Pa.

MOTHER
14. Maiden name Rebecca Irvin,
15. Birthplace Huntington, Pa.

16. Informant Mrs. H. H. Ewing,
Address 38 S. Market St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 11 / 19 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. 18- Nov 1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17th., 1940, at 2.50A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 1940 to Nov 17 1940
and that I last saw him alive on Nov 16 1940

	DURATION
Immediate cause of death	
Carcinoma of Pancreas	6 Mo approx
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Dt operations Pancreatic Carcinoma
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. S. Thurber M. D. or other
Address Frederick, Md. Date signed 11/18/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (11)

11622

CERTIFICATE OF DEATH

Reg. Diat. No. 144

1. PLACE OF DEATH:

County: Frederick

City or town: Rural, Thurmont
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 47 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Thurmont Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Town
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Charles Harry Eyler

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Ruth Eigenbrode Eyler

6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): July 16th 1893

8. AGE:

Years	Months	Days	If less than one day
47	3	29	hrs. min.

9. Birthplace: Thurmont Frederick Md.
(Town, county, and state)

10. Usual occupation: Live Stock Dealer

11. Industry or business: Buy & Sell

FATHER
12. Name: Charles H. Eyler

13. Birthplace: Thurmont Md

MOTHER
14. Maiden name: Mary Jane Welker

15. Birthplace: Thurmont Md

16. Informant: Mrs. Ruth Eyler

Address: Thurmont Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Nov 18th 1940 (month) (day) (year)

Cemetery or crematory: Blues Ridge Cemetery

Location: Thurmont Md.

18. Funeral director: Willhide & Creeger

Address: Thurmont Md.

19. Nov. 16 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 15 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1940, to Nov. 15 1940 and that I last saw him alive on Nov. 15 1940

Immediate cause of death	DURATION
Coronary Thrombosis	4 hrs.
Due to	
Due to	
Other conditions: Diabetes Mellitus	5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James H. Gray M.D. M. D. or other

Address: Thurmont Md. Date signed: Nov. 15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

11623

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Fredrick

City or town: Emmitsburg, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 78 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Fredrick

City or town: Emmitsburg, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Viola Amanda Eyler

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F m	white	widow

6 (b) Name of husband or wife: John A. Eyler

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 5, 1861

8. AGE:

Years	Months	Days	If less than one day
78	10	27	hrs. min.

9. Birthplace: Fredrick Co, Md.

(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER

12. Name: John G. Eyler

13. Birthplace: Fredrick Co, Md.

MOTHER

14. Maiden name: Cecelia Harbaugh

15. Birthplace: Fredrick Co, Md.

16. Informant: Roy A Eyler

Address: Emmitsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 5 1940 (month) (day) (year)

Cemetery or crematory: Mountain View

Location: Emmitsburg, Md.

18. Funeral director: S. L. Allison

Address: Emmitsburg, Md.

19. Nov 4 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 2 1940, at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1926 to Nov 2 1940, and that I last saw her alive on Nov 2 1940

Immediate cause of death	DURATION
Coronary occlusion	3 days
Due to Arteriosclerosis	several years
Due to Hypertension	several years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

01 operations:

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. K. Cooke M D

M. D. or other

Address: Emmitsburg Md Date signed 11-4-40

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

11624

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 19 East Church Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 19 East Church Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME Mrs. Eliza Sophia Farnsworth

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Capt. John E. Farnsworth
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 9,1850

8. AGE: Years	Months	Days	If less than one day
90	1	20	____ hrs. ____ min.

9. Birthplace Erie, Penna. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER 12. Name Charles Leavenworth
13. Birthplace Erie, Penna.
MOTHER 14. Maiden name Sophia Gibson
15. Birthplace Erie, Penna.
18. Informant Mr. Edward D. Farnsworth
Address Frederick, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/2/40 (month) (day) (year)
Cemetery or crematory Arlington National Cem.
Location Arlington, Va.
18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland
19 2-Dec (Date rec'd by registrar) 1940 Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29th, 1940, at 10:55 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938, to Nov. 29 1940, and that I last saw her alive on Nov. 29 1940.

Immediate cause of death	DURATION
Myocardial Decompensation	2 days
Due to Arterio-Sclerosis	?
Due to Acute Bronchitis	5 days.
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Howard W. Ash M.D.
M. D. or other
Address Frederick, Maryland Date signed 11/30/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

11625

Reg. Dist. No. 141

WITHIN CORPORATE LIMITS AS

1. PLACE OF DEATH:
County Frederick
City or town rural near Broad Run
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Fred.
City or town Broad Run near Broad Run
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME John H. Fawley

3. (b) Social Security Number none.

4. Sex: male
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Sarah Wright deceased
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Mar. 29, 1848

8. AGE: Years: 92 Months: 8 Days: 1 If less than one day ..... hrs. ..... min.

9. Birthplace: Loudoun Co. Va. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: William Fawley
13. Birthplace: Loudoun Co. Va

MOTHER
14. Maiden name: Mary Compher
15. Birthplace: Lovettsville Va Loudoun Co.

16. Informant: C. B. Fawley.
Address: Middletown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 2 1940 (month) (day) (year)
Cemetery or crematory: Mount Olivet Cemetery
Location: Lothsville Va

18. Funeral director: C. H. Feete & Bro
Address: Brunswick Md.

19. Nov 30 1940 (Date rec'd by registrar) Wm H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 30, 1940, at 12:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 29 1940, to Nov 29 1940 and that I last saw h.im alive on Nov 29 1940

Immediate cause of death	DURATION
Cerebral Hemmhage	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE J. E. Harp M.D. M. D. or other
Address Middletown ..... Date signed 11-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-D)

CERTIFICATE OF DEATH

11626

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 128 East 7th St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 49 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 128 East 7th St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: George McClellan Fogle

3. (b) Social Security Number: 214-10-3812

4. Sex	5. Color or race	6. (a) Single, married, widowed or divorced
male	White	Married

6 (b) Name of husband or wife: Caroline Esterly
6 (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): July 1, 1891

8. AGE: Years	Months	Days	If less than one day
49	4	11	hrs. min.

9. Birthplace: Frederick Md.
(Town, county, and state)

10. Usual occupation: Laborer
11. Industry or business: Ice Cream Plant

FATHER
12. Name: Marshall Fogle
13. Birthplace: Frederick, Md.

MOTHER
14. Maiden name: Virginia Renner
15. Birthplace: Frederick, Md.

16. Informant: Austin M. Fogle
Address: 128 E. 7th St, Frederick, Md.

17. Burial (Burial, cremation or removal Which?) Date thereof 11/15/40 (month) (day) (year)
Cemetery or crematory: Frederick Memorial Park
Location: Frederick, Md.

18. Funeral director: M.R.Etchison & Son
Address: Frederick, Md.

19. 13-Nov-1940 (Date rec'd by registrar) Ira J. McCurdy, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 12 1940, at 8:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939 to Nov 12 1940, and that I last saw him alive on Nov 12 1940.

Immediate cause of death	DURATION
Acute Myocardial Dilatation	10 min
Due to Bronchitis & Atelectasis	2 wks
Due to Carcinoma (Primary) Lung	20 mo
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. Talbott Price, M. D., or other
Address: Jefferson Md Date signed 11/12/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

11627

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick

City or town Lewistown Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

City or town Rural M Lewistown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Frank Fogle

3. (b) Social Security Number none

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 28 - 1862

8. AGE: Years 78 Months 8 Days 24 If less than one day hrs. min.

9. Birthplace Ladieshing Freak Co Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm, Laborer

FATHER 12. Name Joseph Fogle

13. Birthplace Woodsboro Md

MOTHER 14. Maiden name not known

15. Birthplace " "

16. Informant Raymond Fogle

Address Lewistown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 24-40 (month) (day) (year)

Cemetery or crematory Cemetery

Location Utica - Fred. Co Md.

18. Funeral director M L Creagh Son

Address Thurmont Md

19. Nov. 23 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 1940, to Nov 22 1940 and that I last saw him alive on Nov 20 1940.

Immediate cause of death Inguinal Hernia strangulated Peritonitis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. G. Easterday M. D. or other

Address Walkersville, Md Date signed Nov 22, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11628

Reg. Dist. No. 153

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Debbie Elizabeth Fox

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married

6.(b) Name of husband or wife Joseph F. Fox
6.(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Dec. 5. 1866

8. AGE: Years	Months	Days	If less than one day
73	11	25	hrs. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name John H. Delaplaine
13. Birthplace Frederick Co. Md.
MOTHER 14. Maiden name Mary J. Stolb
15. Birthplace Frederick Co. Md.
16. Informant Joseph F. Fox
Address Walkersville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 3. 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Hope Cemetery
Location Woodsboro Md.
18. Funeral director Purdum & Albaugh
Address Woodsboro. Md.
19. Dec 2 1940 (Date rec'd by registrar) R. Ward Stauffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 1 1940, to Nov 30 1940
and that I last saw h[illegible] alive on Nov 30, 40 19

Immediate cause of death	DURATION
Coronary Occlusion	
Due to Hypertensive cardio vascular renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. E. Foster Day M. D. or other
Address Walkersville, Md. Date signed Nov 30, 40

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

11629

Reg. Dist. No. 153

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Rural, nr Walkersville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Frederick

City or town Nr. Walkersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME J. Gelmore Frantz

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Sallie Bell Frantz

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug. 17 1870

8. AGE: Years	Months	Days	If less than one day
70	2	18	hrs. min.

9. Birthplace Nr. Clearspring, Washington Co. Md.
(Town, county, and state)

10. Usual occupation Cabinet Maker

11. Industry or business

FATHER 12. Name Emanuel Frantz

13. Birthplace Washington Co.

MOTHER 14. Maiden name Mary Worrance

15. Birthplace Washington Co.

16. Informant Sallie Frantz

Address Walkersville,

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 7, 1940 (month) (day) (year)

Cemetery or crematory Cemetery, Glade

Location Nr. Walkersville

18. Funeral director E. E. Baxter

Address Walkersville

19. Nov 7 1940 (Date rec'd by registrar) R. Ward Stauffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1940, 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Nov 5 1940 and that I last saw him alive on Nov 4, 40 1940.

Immediate cause of death	DURATION
Apoplexy	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ellen Yesterday M. D. or Other

Address Walkersville, Md. Date signed Nov 6 40

RECEIVED
DEC 4 1940
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

11630

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 27 Days

Stay in this community (yrs., or mos., or days): 27 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Montgomery,

City or town: Rockville. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Horner's Lane.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Andrew J. Freeburger

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Margaret E Freeburger

6(c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): February 26 1902

8. AGE:

Years	Months	Days	If less than one day
38	9	0	____ hrs. ____ min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Welder

11. Industry or business:

FATHER
12. Name: Jesse Freeburger
13. Birthplace: Unknown

MOTHER
14. Maiden name: Mary Wilhelm
15. Birthplace: Philadelphia. Pa.

16. Informant: Andrew J Freeburger

Address: Rockville. Montg. Co Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 29 1940 (month) (day) (year)

Cemetery or crematory: Rockville Union Cem.

Location: Rockville. Md.

18. Funeral director: Wm. Reuben Pumphrey

Address: Rockville Md

19. 11/29/1940 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH: November 26 1940 at 12.15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 1940 to Nov 26 1940, and that I last saw him alive on Nov 25 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 Yr.
Due to: Tubercle Bacilli	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: John E Goodpasture, M.D.
M. D. or other

Address: State Sanatorium, Md Date signed 11/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-A)

CERTIFICATE OF DEATH

11631

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
~~City~~ or town Feagaville - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Frederick, Md. R.D. 4
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City~~ or town Feagaville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Frederick, Md. R.D. 4
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME
Mrs. Sarah Ellen Fulmer

3. (b) Social Security Number
none

4. Sex	5. Color or race	6.(a) ~~Single, married, widowed,~~ or divorced
female	white	divorced

6 (b) Name of husband or ~~wife~~ John Thompson (Deceased)
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 25, 1864

8. AGE:

Years	Months	Days	If less than one day
75	3	14	____ hrs. ____ min.

9. Birthplace Nr. Feagaville, Frederick, Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business At home
FATHER 12. Name John L. Fulmer,
13. Birthplace Nr. Feagaville, Md.
MOTHER 14. Maiden name Rebecca Himes,
15. Birthplace Nr. Feagaville, Md.
16. Informant Mrs. Edgar P. Culler,
Address Frederick, Md. R.D. 4
17. Burial Date thereof 11 / 12 / 40
(Burial, ~~cremation, or removal. Which~~?) (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Zion
Location Frederick, Md. R.D. 4
18. Funeral director M. R. Etchison & Son
Address Frederick, Md.
19. 11-Nov-40 Dra J. McC Surdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9th., 1940, at 9 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 40 to Nov 9th 1940
and that I last saw her alive on Nov 8th 1940

Immediate cause of death	DURATION
Coronary Occlusion	4 days
Due to Myocarditis	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank H. Hedges M. D. or other
Address Frederick, Md. Date signed 11/9/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

11632

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 9 Hours

Stay in this community (yrs., or mos., or days): 9 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 708 Summit Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George J Fundis

3. (b) Social Security Number: 554-10-1884

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Gaynell F Fundis

6(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): October 18 1902

8. AGE: Years	Months	Days	If less than one day
38	0	19	hrs. min.

9. Birthplace: Pittsburg Allegheny Co Pa.
(Town, county, and state)

10. Usual occupation: Mechanic

11. Industry or business: Aircraft

FATHER
12. Name: George D Fundis
13. Birthplace: Allegheny Co Pa.

MOTHER
14. Maiden name: Elisa Wagenlender
15. Birthplace: Allegheny Co Pa.

16. Informant: L Arthur Fundis - Brother
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 9 1940 (month) (day) (year)

Cemetery or crematory: Sewickly Cem

Location: Glenfield - Allegheny Co Pa.

18. Funeral director: Fred. W Kraiss

Address: Hagerstown Md.

19. 11/6/1940 (Date rec'd by registrar) 19 ____ Registrar

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH: Nov 6 1940 at 3.50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5 1940 to Nov 6 1940, and that I last saw him alive on Nov 5 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1Yr
Due to: Tubercle Bacilli	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John E. Headfasture M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed 11/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
DEC 6 1940
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

CERTIFICATE OF DEATH

11633

Reg. Diat. No. 144

1. PLACE OF DEATH:
County: Frederick
City or town: Thurmont
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? traveling on Route 81

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2720 Edmonson Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Charles W. Hamilton

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Laurena Hamilton
6.(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): June 12 - 1892

8. AGE: Years	Months	Days	If less than one day
48	5		hrs. min.

9. Birthplace: Armstrong Mills - Ohio
(Town, county, and state)
10. Usual occupation: Fireman
11. Industry or business: Baltimore City - Fire Dept.

FATHER
12. Name: Edward Hamilton
13. Birthplace: Ohio

MOTHER
14. Maiden name: Julia M. Burggay
15. Birthplace: Ohio

16. Informant: Mrs. Laurena Hamilton
Address: 2720 Edmonson Ave. Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 15 - 1940 (month) (day) (year)
Cemetery or crematory: Woodlawn Cemetery
Location: Woodlawn, Md.

18. Funeral director: George W. Little
Address: 2700 Edmonson Ave. Baltimore Md.

19. Nov. 12 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12 1940 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from time of death 19..., to Nov. 12, 1940 and that I last saw h...alive on dead on arrival 19...

Immediate cause of death	DURATION
Compression of Spinal cord, Cervical region	15 minutes
Due to Compression fracture of Cervical vertebra	"
Due to	
Other conditions Laceration of scalp & lip	"

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: Nov. 12, 1940
Where did injury occur? Route #81 (City or town) Frederick (County) Maryland (State)
Injured at home, farm, Industry, public place (where?) Highway #81
Means of injury: Automobile accident Injured at work? No

23. SIGNATURE: Bernard Thomas Jr. M.D. M.D. or other
Address: 228 N. Market St. Frederick Md. Date signed: Nov. 12, 1940
Deputy Medical Examiner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 18 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92E)

CERTIFICATE OF DEATH

11634

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick

City or town Rural, near Rocky Ridge Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural, near Rocky Ridge, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Rocky Ridge Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William H. Harner

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Elizabeth (Hoffman) Harner

6.(c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) May 9, 1856

8. AGE: Years	Months	Days	If less than one day
84	6	12	....hrs. ....min.

9. Birthplace Adams County, Penna.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name William Harner

13. Birthplace Adams County, Penna.

MOTHER 14. Maiden name Elizabeth Herbst

15. Birthplace Adams County, Penna.

16. Informant Mrs. Lennie Shanigle

Address 649 Harris St Harrisburg

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 24, 1940 (month) (day) (year)

Cemetery or crematory Union Cemetery

Location Fairfield, Adams Co., Penna.

18. Funeral director S. L. Allison

Address Emmitsburg, Md.

19. Nov 23 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1940 at 8 p. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 15 1940, to Oct. 24 1940

and that I last saw h... alive on Oct. 15 1940

Immediate cause of death	DURATION
Cardiac Valvular disease	
Mitral regurgitation	1 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. Gray M.D.
M. D. or other

Address Thurmont Md. Date signed 11/21/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (79-d)

CERTIFICATE OF DEATH

11635

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
542 East Church Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 542 East Church Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME Mrs. Julia Chaney Elgin Hemp

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widow

6 (b) Name of husband or ~~wife~~ Clarence E. Hemp
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) February 22,1878

8. AGE: Years	Months	Days	If less than one day
62	9	3	____ hrs. ____ min.

9. Birthplace Near Adamstown,Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER 12. Name Henry Clay Elgin
13. Birthplace Near Browningsville,Md.
MOTHER 14. Maiden name Prudence Boteler
15. Birthplace Near Boonsboro
16. Informant Mrs. J. Paul Delphey
Address Frederick,Maryland
17. Burial (Burial, ~~cremation~~, or removal. Which?) Date thereof Nov. 27,1940 (month) (day) (year)
Cemetery or ~~crematory~~ Mount Olivet
Location Frederick,Maryland
18. Funeral director M. R. Etchison & Son
Address Frederick,Maryland
19. 26-Nov 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1940, at 2:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 1940, to Nov 25 1940, and that I last saw her alive on Nov 24 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage	6 days
Due to Arteriosclerosis & moderate hypertension	10 yrs
Due to	
Other conditions Chronic Myocarditis & fibrillation.	7 yrs

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. Talbot Price M. D. or other
Address Jefferson Date signed 11/25/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11636

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 23 Days

Stay in this community (yrs., or mos., or days): 23 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Arundel Hotel, 1321 N Charles St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William F.X. Higgins

3. (b) Social Security Number: 213-03-6083

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 25 1916

8. AGE: Years 24 | Months 3 | Days 0 | If less than one day: hrs. min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Machine-Operator

11. Industry or business:

FATHER
12. Name: Micheal J Higgins
13. Birthplace: Baltimore. Md.

MOTHER
14. Maiden name: Anna M Bailey
15. Birthplace: Baltimore. Md.

16. Informant: William F.X.Higgins
Address: Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 28 1940 (month) (day) (year)

Cemetery or crematory: Unknown at present

Location: Baltimore Md. Greenmount + 22nd St

18. Funeral director: Weedeyld + Son
Address: Baltimore Md

19. 11/25 1940 (Date rec'd by registrar) [signature] Registrar

501 E. 22d St

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25 1940 at 8.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 2 1940, to Nov 25 1940, and that I last saw him alive on Nov 25 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 8 Mos

Due to: Tubercle Bacilli

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodfeature M.D. (M. D. or other)
Address: State Sanatorium Md. Date signed 11/25/40

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-0)

CERTIFICATE OF DEATH

11637

Reg. Dist. No. 13/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City ~~or town~~: Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 422 N. Market St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City ~~or town~~: Frederick Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 422 N. Market

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Mrs. Carrye Grove Humm

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~
female	white	widow

6 (b) Name of husband ~~or wife~~: John W. Humm

6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 27, 1876

8. AGE: Years	Months	Days	If less than one day
63	8	19	____ hrs. ____ min.

9. Birthplace: Nr. Frederick, Fred., Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at home

FATHER — 12. Name: Rueben A. Grove,

13. Birthplace: Nr. Frederick, Md.

MOTHER — 14. Maiden name: Catherine Mercer,

15. Birthplace: Nr. Frederick, Md.

16. Informant: Miss. Helen G. Humm,

Address: 422 N.Market St., Frederick, Md.

17. (Burial, ~~cremation, or removal. Which?~~): burial Date thereof: 11 / 18 / 40 (month) (day) (year)

Cemetery or ~~crematory~~: Mount Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: M. R. Etchison & Son

Address: Frederick, Maryland

19 18-Nov 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 16th., 1940 at 12.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-21- 1940 to 11-16- 1940 and that I last saw h er alive on Nov. 16, 1940

Immediate cause of death	DURATION
Cardiac Asthma	2 hours
Due to Arteriovascular disease for a long period.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C. H. Conley M. D. or other

Address: Frederick, Md. Date signed 11/18/40

Dr. C. H. Cawley, Ala.

RECEIVED
DEC 5 1940
BUREAU V. S.

11638

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157.2

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick

City or town Near Middleburg Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Johnsville District

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Keymar, R.F.D.

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Louise Ann Keefer

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1940

8. AGE: Years 0 Months 0 Days 22 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Bernard Keefer

13. Birthplace Md

MOTHER 14. Maiden name Rosa Lowman

15. Birthplace Md

16. Informant Bernard Keefer

Address Keymar Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 9 1940 (month) (day) (year)

Cemetery or crematory ~~Union~~ Linganore

Location Union Ville Md

18. Funeral director C O Fuss & Son

Address Toney Town Md

19. Nov 8 1940 (Date rec'd by registrar) M D Cuffman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1940, to Nov. 7 1940 and that I last saw him alive on Nov. 7 1940

Immediate cause of death Meningitis due to a ruptured Spinal Bifida

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Mosley M D M. D. or other

Address Johnsville Date signed Nov. 7 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

11639

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 3Mos 9Days
Stay in this community (yrs., or mos., or days): 3Mos 9Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County:
City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 806 Gorsuch Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elizabeth C Kenny

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Sept. 1 1883
8. AGE: Years 57 | Months 2 | Days 9 | If less than one day: hrs. min.
9. Birthplace: Baltimore. Md. (Town, county, and state)
10. Usual occupation: Stenographer
11. Industry or business:
FATHER
12. Name: Patrick F Kenny
13. Birthplace: Unknown
MOTHER
14. Maiden name: Mary Jane Kavanaugh
15. Birthplace: Baltimore. Md.
16. Informant: Elizabeth C Kenny
Address: Baltimore. Md.
17. Burial (Burial, cremation, or removal which?) Date thereof: 11/14/1940 (month) (day) (year)
Cemetery or crematory: New Cathedral Cemetery
Location: Baltimore Md
18. Funeral director: M. L. Cooper & Son + Wm. Thurmont Md. Cox
Address:
19. 11/10 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 10 1940 at 9.20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Nov 10 1940, and that I last saw her alive on Nov 10 1940.
Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3 Yrs
Due to: Tubercle Bacilli
Due to:
Other conditions: Fatal Hemoptysis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Jm E. Goodfeature, M.D. (M. D. or other)
Address: State Sanatorium, Md. Date signed: 11/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 13 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

11640

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Brunswick Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Schaeffer Hospital

Stay in hospital or inst. (yrs., or mos., or days) 12 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. Va. County

City or town Sleepy Creek Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Thurman Kesecker

3. (b) Social Security Number 211-01-5054

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Gates

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. ~~July~~ 31. 1917

8. AGE: Years 23 Months 10 Days 16 If less than one day hrs. min.

9. Birthplace Sleepy Creek Morgan. Co (Town, county, and state)

10. Usual occupation Brakeman

11. Industry or business B & O RR

FATHER 12. Name Robert Kesecker

13. Birthplace Morgan Co.

MOTHER 14. Maiden name Mary S. McJilton

15. Birthplace Morgan. Co.

16. Informant Robert Kesecker

Address Brunswick. Md

17. (Burial, cremation, or removal. Which?) Date thereof Nov 18 1940 (month) (day) (year)

Cemetery or crematory Cross Roads.

Location Morgan. Co.

18. Funeral director J. L. Eackles

Address Bolivar, West Va.

19. Nov 17 1940 Mrs H. S. Hedges (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4 1940 to Nov 16 1940, and that I last saw him alive on Nov 16 1940.

Immediate cause of death Pulmonary Embolism — DURATION 6 hrs

Due to Bi Lat Amputation of legs.

Due to Train Accident B & O. R.R.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Legs Amputated

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Schnaufler M. D. or other

Address Brunswick Date signed Nov 16-40

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DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11641
139
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 2 Mos 6 Days

Stay in this community (yrs., or mos., or days): 2 Mos 6 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2021 62nd. St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Lacher

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 26 1891

8. AGE: Years	Months	Days	If less than one day
49	4	26	hrs. min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Huckster

11. Industry or business:

FATHER
12. Name: Bernard J Lacher
13. Birthplace: Germany

MOTHER
14. Maiden name: Jennie Horwig
15. Birthplace: Baltimore. Md.

16. Informant: John Lacher
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 23 1940 (month) (day) (year)
Cemetery or crematory: Mt Carmel Cem.
Location: Baltimore. Md.

18. Funeral director: M.L.Creager
Address: Thurmont. Md.

19. 11/21/1940 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 21 1940, at 11.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1940 to Nov 21 1940, and that I last saw him alive on Nov 21 1940

Immediate cause of death	DURATION
Hodgkin's Disease	1 Yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations: none
Ot autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Jm E. Landstrum M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed 11/21/40

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11642

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH — Soc security no.

County Frederick (83-a) Registration Dist. No. 136

Village or City Jos. Hyattstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 72 yrs. mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Gabriel Uriah Lawson

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Estella H. Lawson

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 11-4-1940

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Jos. Hyattstown Frederick Co. Md.

FATHER

13. NAME: James Uriah Lawson

14. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

MOTHER

15. MAIDEN NAME: Catherine Gusner

16. BIRTHPLACE (city or town) (State or country): Fred. Frederick Co. Md.

17. INFORMANT (Address): Estella Holland Lawson

18. BURIAL, CREMATION, OR REMOVAL Place: Frederick Md. Date: 11-15, 1940

19. UNDERTAKER (Address): Hilton T. Burdette Hyattstown Md.

20. FILED NOV 14, 1940 G. O. Hendrickson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 13 (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov. 10, 1940, to Nov 13, 1940

I last saw him alive on Nov 13, 1940; death is said to have occurred on the date stated above, at 6 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 10 1940
Other Contributory Causes of importance: Arteria sclerosis	1934

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ernest B. Roop M. D.

(Address) New Market, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

11643

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Fred.
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME George Elmer Light

3. (b) Social Security Number 705-09-7669

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married.

6 (b) Name of husband or wife Mary Twigg

6(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 58 yrs.			hrs. min.

9. Birthplace Oakland Garrett (Town, county, and state) West Virginia

10. Usual occupation Br. O.R.R. Brakeman

11. Industry or business

FATHER
12. Name Wm F. Light
13. Birthplace West Virginia

MOTHER
14. Maiden name Agnes Heitenhaus
15. Birthplace West Virginia

16. Informant Raymond Light
Address 7 Race St Cumberland Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 2 1940 (month) (day) (year)
Cemetery or crematory Hill Crest
Location Cumberland Md.

18. Funeral director C. H. Fuller & Bro
Address Brunswick, Md.

19. Nov 29 1940 (Date rec'd by registrar) Ina H. L. Hydge Registrar

MEDICAL CERTIFICATION

20. DATE ~~OF DEATH~~ Nov 29, at 2 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ dead 19 to 19, and that I last saw h ~~alive~~ on Nov 29 1940.

	DURATION
Immediate cause of death Coronary Thrombosis or Illness	Months
Due to Arteriosclerosis Hypertension	3 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R W Barr Deputy Md Ex M. D. or other
Address Frederick Md Date signed 11-29-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11644

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland I.O.O.F. Home
Stay in hospital or inst. (yrs., or mos., or days): 7 Years
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: John Thomas Lipps

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 27, 1871

8. AGE: Years	Months	Days	If less than one day
68	4	9	hrs. min.

9. Birthplace: Frederick, Maryland (Town, county, and state)

10. Usual occupation: Harness Maker

11. Industry or business

FATHER
12. Name: Thomas Lipps
13. Birthplace: Frederick, Maryland

MOTHER
14. Maiden name: Laura Poffinberger
15. Birthplace: Myersville, Maryland

16. Informant: Records of I.O.O.F. Home
Address: Frederick, Maryland

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) Nov. (day) 8, (year) 1940
Cemetery or crematory: Mt. Olivet Cemetery
Location: Frederick, Maryland

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland

19. (Date rec'd by registrar) 8-Nov 1940 Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 6, 1940 at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1, 1940 to Nov. 6, 1940 and that I last saw him alive on Nov. 6, 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	6 hrs.
Due to	
Due to Arteriosclerosis	
Other conditions Terminal Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: A. Austin Deery M.D. M. D. or other
Address: Frederick, Md. Date signed 11/6/40

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NOV 20 1940
BUREAU V. S.

11645

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Frederick City Hospital
How long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pennsylvania County: Allegheny
City or ~~town~~: Pittsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. 109 Waldorf St.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Carrie M. Lohr

3.(b) Social Security Number: No

4. Sex: Female
5. Color or race: White
6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6.(b) Name of husband ~~or wife~~: Charles Lohr
6.(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): Jan. 7 - 1874

8. AGE: Years: 66 Months: 10 Days: 4 If less than one day: ..... hrs. ..... min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Frederick Sackreuter
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Charles Lohr
Address: Pittsburg, Penna. (109 Waldorf St.)

17. Burial (Burial, ~~cremation~~, or removal. Which?) Date thereof: Nov. 14 1940 (month) (day) (year)
Cemetery or ~~crematory~~: United Cemetery
Location: Pittsburg, Penna.

18. Funeral director: Gladhill Co.
Address: Middletown, Md.

19. 11-Nov 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11 1940, at 12:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 6 1940, to Nov. 10 1940 and that I last saw her alive on Nov. 10 1940

Immediate cause of death: | DURATION
Due to: Pulmonary Edema | 6 days
Due to: Hypertension - Ileus
Other conditions: Nephritis - Chr. myocarditis.
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Elmer Harp MD M. D. or other
Address: Middletown Date signed: Nov 11 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

11646

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City ~~or town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 hours
Hospital, Institution, or street address where death occurred: Frederick City Hospital
How long in hospital or institution? 5 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Carroll ~~Frederick~~
~~City~~ or town: Union Bridge
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: NONE

3.(a) FULL NAME: Joseph Marrone

3.(b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6.(b) Name of ~~husband or~~ wife: Helen Jane Fawble
6.(c) If alive, give age: 38 years
7. Birth date of deceased (mo., day, yr.): April 26, 1900

8. AGE: Years 40 | Months 6 | Days 17 | If less than one day ... hrs. ... min.

9. Birthplace: Palazzo Adriano - Italy
(Town, county, and state)
10. Usual occupation: Shoemaker
11. Industry or business

FATHER
12. Name: Carmelo Marrone
13. Birthplace: Palazzo Adriano Italy

MOTHER
14. Maiden name: Irene Pacino
15. Birthplace: Palazzo Adriano Italy

16. Informant: Dr. James Marrone
Address: Frederick, Md.

17. Burial (Burial, ~~cremation, or removal~~, which?) Date thereof: Nov. 15, 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Mt. View
Location: Union Bridge, Md.

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland

19. 14-Nov- 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: NOVEMBER 13 1940 at 11:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 1940 to NOV. 13 1940 and that I last saw him alive on NOV. 13 1940

Immediate cause of death	DURATION
Coronary Thrombosis	1 day.
Due to Asthmatic Paroxysms	10 days.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Howard W. Ark M.D. M. D. or other
Address: Frederick, Md. Date signed: 11/14/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 5 1940
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170c)

11647

CERTIFICATE OF DEATH

Reg. Dist. No. 130

1. PLACE OF DEATH:

County Frederick

City or town Point of Rocks

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 52yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Point of Rocks Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME George Harrison McCutchen

George Harrison Mc Cutchen

3. (b) Social Security Number 218-05-3477

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced divorced

6 (b) Name of husband or wife Mary Hanes

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1887

8. AGE: Years 52 Months 11 Days 20 If less than one day ___ hrs. ___ min.

9. Birthplace Point of Rocks, Fred., Md.

(Town, county, and state)

10. Usual occupation Stone mason

11. Industry or business

FATHER

12. Name Charles E. McCutchen,

13. Birthplace Nr. Lucketts, Va.

MOTHER

14. Maiden name Ruth Young,

15. Birthplace Nr. Adamstown, Md.

16. Informant Mrs. John Green,

Address Point of Rocks, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/ 3 / 40 (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery,

Location Nr. Poit of Rocks, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. Dec 2 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 1940, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from seen for first time at time of death Nov. 30, 1940 19 , to 19 ,

and that I last saw him alive on 19 .

Immediate cause of death Intra-cranial hemorrhage

Due to Fracture Occipital bone

Due to

Other conditions Fracture femur, right.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

Time of death

"

"

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of Nov. 30, 1940

Where did injury occur? Point of Rocks (City or town) Fred'K. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Struck by auto Injured at work? No

23. SIGNATURE Bernard Thomas Jr. M.D. M. D. or other

Address 278 N. Market St. Frederick, Md. Date signed Nov. 30, '40

Deputy Medical Examiner

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10-a)

CERTIFICATE OF DEATH

11648

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 days

Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Rural R.F.D. #4 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Nr. Frederick

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NONE

3. (a) FULL NAME John Philip Miller

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6. (a) ~~Single, married, widowed~~, or divorced
Male	White	Divorced

6 (b) Name of ~~husband~~ or wife Eliza R. Pomeroy

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) March 18, 1886

8. AGE: Years	Months	Days	If less than one day
54	7	25	____ hrs. ____ min.

9. Birthplace Nr. Jefferson, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name Charles W. Miller

13. Birthplace Nr. Jefferson, Maryland

MOTHER 14. Maiden name Charlotte Sheffer

15. Birthplace Middletown, Maryland

16. Informant Mrs. Cyrus Rudy

Address Middletown, Maryland

17. Burial (Burial, cremation or removal. Which?) Date thereof Nov. 13, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Lutheran Cemetery

Location Jefferson, Maryland

18. Funeral director M. R. Etchison & Son

Address Frederick, Maryland

19. 12-Nov-1940 (Date rec'd by registrar) J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11th 1940, at 11:55 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1940 to Nov. 11 1940 and that I last saw him alive on Nov. 11 1940.

	OURATION
Immediate cause of death Collapse - Massive of Lung	2 min
Due to Operation - Thoracotomy -	
Due to Empyema - Thoracic	10 days
Other conditions General Peritonitis - July 5 - Unknown Etiology	

(Include pregnancy within 3 months of death)

Major findings: Of operations July 5 - Laparotomy - Peritonitis Nov. 11 - Thoracotomy - Empyema

Of autopsy Healed Peritonitis - Empyema

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Frank D. Worthington - M.D. M. D. or other

Address Frederick - Md. Date signed 11/11/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

11649

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 9 hours

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ rural Libertytown, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Nr. Libertytown

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Miss. Ruby Ruth Nash

3. (b) Social Security Number 217-18-8246

4. Sex	5. Color or race	6. (a) Single, ~~married, widowed, or divorced~~
female	white	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1924

8. AGE: Years	Months	Days	If less than one day
16	7	11	hrs. min.

9. Birthplace Nr. Libertytown, Fred., Md. (Town, county, and state)

10. Usual occupation Washer of Shoe linings

11. Industry or business Rubber Co.

FATHER 12. Name Grover M. Nash,

13. Birthplace Nr. Libertytown, Md.

MOTHER 14. Maiden name Rubey Gaver,

15. Birthplace Nr. Libertytown, Md.

16. Informant Grover M. Nash,

Address Libertytown, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 11 / 21 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Locust Grove Cemetery

Location Nr. Mt. Airy, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 20-Nov 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19th., 1940, 2.40A M

21. ~~I CERTIFY that death occurred on the date above stated; that I attended deceased from~~ , to 19 ,

and that I last saw her ~~alive~~ dead on Nov 19 1940.

Immediate cause of death Intracranial hemorrhage

Due to Fracture of skull

Due to Auto. accident

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 8 hrs.

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11.18.40

Where did injury occur? Johnsville (City or town) Frederick (County) Md (State)

Injured at home, farm, industry, public place (where?) State road 75

Means of injury auto Injured at work? Coming from work

DR. R. W. BAER DEPUTY MEDICAL EXAMINER

23. SIGNATURE R. W. Baer M. D. or other

Address Frederick, Md. Date signed 11.19.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170c)

CERTIFICATE OF DEATH

11650

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick, City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 3½ hours
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City or town~~ rural Libertytown, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. nr. Libertytown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Miss. Viola Elizabeth Nash

3. (b) Social Security Number 217-03-5348

4. Sex: female
5. Color or race: white
6. (a) Single, ~~married, widowed, or divorced~~: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 9, 1912

8. AGE: Years 28 | Months 5 | Days 9 | If less than one day hrs. min.

9. Birthplace Nr. Libertytown, Fred., Md. (Town, county, and state)
10. Usual occupation Cutter of Shoe linings
11. Industry or business Rubber Co.,
FATHER 12. Name Grover M. Nash,
13. Birthplace Nr. Libertytown, Md.
MOTHER 14. Maiden name Rubey Gaver,
15. Birthplace Nr. Libertytown, Md.
16. Informant Mr. Grover M. Nash,
Address Libertytown, Md.
17. Burial (Burial, ~~cremation, or removal, which?~~) Date thereof 11/21/40 (month) (day) (year)
Cemetery or ~~crematory~~ Locust Grove Cemetery.
Location Nr. Mt.Airy, Md.
18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.
19. 20-Nov 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18th., 1940, at 8P M
21. I CERTIFY ~~that death occurred on the date above stated;~~ that I attended deceased from 19 , to 19 ,
and that I last saw her ~~alive~~ dead on 11, 18 1940.
Immediate cause of death Intercranial hemorrhage — DURATION 3 hrs
Due to Fracture of skull
Due to auto accident
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 11.18.40
Where did injury occur? Johnsville (City or town) Frederick (County) Md. (State)
Injured at home, farm, industry, public place (where?) State Road 75 - Lowry Farm
Means of injury auto Injured at work? work

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

23. SIGNATURE R W Baer M. D. or other
Address Frederick, Md. Date signed 11.1.940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (121) CP Reg. Dist. No. 141

11651

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Brunswick, Md. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Schnauffer Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State W. Va. (b) County Jefferson
(c) City or town Millville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred Louise Nicewarner

3 (b) If veteran, name war: None
3 (c) Social Security No.: None

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: —
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 7, 1921

8. AGE: Years 19 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Millville, Jefferson Co., W. Va. (Town, county, and state)
10. Usual occupation House work
11. Industry or business Private Residence

FATHER
12. Name Raymond McKinley Nicewarner
13. Birthplace Millville, West Va.

MOTHER
14. Maiden Name Sarah Elizabeth Caniford
15. Birthplace West Va.

16 (a) Informant R. M. Nicewarner
(b) Address Millville, West Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof November 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Fairview Cemetery
Location Bolivar, West Va.

18 (a) Funeral director J. L. Eackles
(b) Address Bolivar, West Va.

19 (a) Nov 11 1941 (Date rec'd by registrar) (b) Elizabeth H. Wirth Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 10 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1940, to Nov 10 1940 and that I last saw him alive on Nov 10 1940

Immediate cause of death: Pulmonary Embolism — Duration: 3 hrs

Due to Post Operative

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Generalized Peritonitis ruptured appendix.
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Schnauffer M. D. or other
Address Brunswick Md Date signed 11/11/40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11652

Reg. Dist. No. 13 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Near Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Frederick R.F.D. 5
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Frederick Md
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME Georgetta Louise Null

3.(b) Social Security Number None

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Chas. E. Null
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): June 21 - 1866
8. AGE: Years 74 | Months 5 | Days 3 | If less than one day ..... hrs. ..... min.
9. Birthplace: Frederick Co. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER 12. Name: John Covell
FATHER 13. Birthplace: Frederick Co. Md.
MOTHER 14. Maiden name: Mary Barnes
MOTHER 15. Birthplace: Frederick Co. Md.
16. Informant: Mrs Harry Crumbacker
Address: Frederick Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 26-40 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Frederick
18. Funeral director: C.E. Eline & Son
Address: Frederick Md
19. 25-Nov 1940 (Date rec'd by registrar) Mrs J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 24 1940, at 2:15 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 30 1939, to Nov 24 1940 and that I last saw h.. alive on Nov 22 1940.

	DURATION
Immediate cause of death: Hypertensive Heart Disease	
Due to:	
Due to:	
Other conditions: Cardiac Dilitation Generalized Edema (Include pregnancy within 3 months of death)	

Major findings of operation: ..... Date of op. .....
Autopsy results: No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE H. J. Thurber M. D. or other
Address Frederick Md Date signed 11/25/40

RECEIVED
DEC 5 1940
U. S.

Dr. Hunter

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (25a)

CERTIFICATE OF DEATH

11653

Reg. Dist. No. 130

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Frederick
City or town rural Nr. Adamstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town rural Nr. Adamstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME: Miss. Nellie Loleda O'Hara

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1917

8. AGE: Years 22 | Months 11 | Days 13 | If less than one day: hrs. min.

9. Birthplace Nr. New Market, Fred, Md (Town, county, and state)

10. Usual occupation House work

11. Industry or business At home

FATHER
12. Name John L. O'Hara
13. Birthplace Nr. Frederick, Md

MOTHER
14. Maiden name Elizabeth E. Murphy
15. Birthplace Nr. Frederick, Md.

16. Informant Mrs. John L. O'Hara
Address Adamstown, Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 / 19 / 40 (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Md.

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. 40 Nov 18 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16th., 1940, at 5 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 4 1940 to Nov 16 1940, and that I last saw her alive on November 15 1940.

Immediate cause of death	DURATION
Acute yellow atrophy of liver	2 wks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles H. Conley Jr. M.D.
Address Buckeystown, Md. Date signed 11/17/4

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-C)

11654

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick City Hospital
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) about 12 hrs
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Libertytown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. P
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Elizabeth Phillips

3. (b) Social Security Number 213-16-9823

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or ~~wife~~ Preston Phillipps
6(c) If alive, give age 41 years
7. Birth date of deceased (mo., day, yr.) July 5th 1903

8. AGE: Years 37 | Months 4 | Days 14 | If less than one day ___ hrs. ___ min.

9. Birthplace Libertytown Md (Town, county, and state)
10. Usual occupation Teacher & Factory worker
11. Industry or business Rubber Plant
FATHER 12. Name Thomas A Simpson
13. Birthplace Md
MOTHER 14. Maiden name Maggie Smith
15. Birthplace Md
16. Informant Mrs. Maggie Simpson
Address Libertytown Md
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Nov 22 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Fairmount
Location Libertytown - Md.
18. Funeral director Powell & Albaugh
Address Libertytown Md
19. 20 - Nov 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1940, 6.15 A M

21. I ~~CERTIFY~~ that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw her ~~alive~~ dead on Nov 19 1940.

Immediate cause of death intercranial hemorrhage. — DURATION 12 hours
Due to Fracture of skull — 12 hours
Due to Auto accident
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Auto accident Date of 11. 18. 40
Where did injury occur? Frederick Co. Md. (City or town) (County) (State)
Route # 75 State Road - 75 Returning
Injured at home, farm, industry, public place (where?)
Means of injury Automobile Injured at work? From work.

23. SIGNATURE R. W. Baer Deputy Med. Examiner. M. D. or other
Address Frederick, Md Date signed 11. 19. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

11655

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs

Hospital, institution, or street address where death occurred: 517 Middle Alley

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 519 Kleinshart Alley
(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Peter Price

3.(b) Social Security Number 217-10-0736

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
male	colored	married

6.(b) Name of ~~husband~~ or wife Mary Plater

6.(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1889

8. AGE: Years	Months	Days	If less than one day
50	11	11	hrs. min.

9. Birthplace Arlington, Arlington, Va.
(Town, county, and state)

10. Usual occupation W.P.A. Laborer

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN

16. Informant Mrs. Mary Price,
Address 418 Middle Alley, Frederick, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof 11/6/40 (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. 5-Nov 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19...

and that I last saw him ~~alive~~ dead on Nov 3 1940

Immediate cause of death Burns, 1st, 2nd & third degree — DURATION: immediate

Due to Fight, throwing coal oil & accidentally

Due to upset lamps

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ accident Date of 11.3.40

Where did injury occur? Frederick (City or town), Frederick (County), Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fire Injured at work? no

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

23. SIGNATURE R. W. Baer M. D. or other

Address Frederick, Md Date signed 11.3.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 22 1940
BUREAU V. R.

11656

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 hours

Hospital, institution, or street address where death occurred: Frederick City Hospital

How long in hospital or institution? 36 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Frederick

~~City or town~~ Libertytown (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Anna Catherine Riordan

3.(b) Social Security Number 215-18-2392

4. Sex: Female

5. Color or race: White

6.(a) Single, ~~married, widowed, or divorced~~: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Nov 2nd 1922

8. AGE: Years 18 Months 0 Days 18 If less than one day ... hrs. ... min.

9. Birthplace Libertytown Md (Town, county, and state)

10. Usual occupation Factory Worker

11. Industry or business Clerk & Typist

FATHER 12. Name Charles P Riordan

13. Birthplace Md

MOTHER 14. Maiden name Anna Litz

15. Birthplace Balto Md.

16. Informant Mrs Charles Riordan

Address Libertytown Md

17. Burial (Burial, ~~cremation, or removal~~, which?) Date thereof Nov 23rd 1940 (month) (day) (year)

Cemetery or ~~crematory~~ St Peters

Location Libertytown Md

18. Funeral director Powell & Albaugh

Address Libertytown Md

19. 20 - Nov 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov - 20 1940 at 3.30 A M

21. I CERTIFY ~~that death occurred on the date above stated, that I attended deceased from~~ ... 19 ... to ... 19 ...

and that I last saw her ~~alive~~ dead on Nov 20 1940

Immediate cause of death: Intercranial hemorrhage; Gas gangrene of ~~Left~~ Left thigh

DURATION: 36 hours

Due to

Other conditions Auto. accident

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 11.10.40

Where did injury occur? Johnsville (City or town), Frederick Co. (County) Md. (State)

Injured at home, farm, industry, public place (where?) State Road.

Means of injury auto. accident Injured at work? Country Farm Work.

Route #75

23. SIGNATURE R. W. Baer M. D. or other

DR. R. W. BAER DEPUTY MEDICAL EXAMINER

Address Frederick, Md Date signed 11.20.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

11657

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick City Hospital
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 Hours

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Frederick

City or town Libertytown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mrs Edna Eligabeth Smith

3. (b) Social Security Number 220-10-5021

4. Sex: female

5. Color or race: white

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~ Mr. Clark Smith

6(c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) November 11th 1916

8. AGE: Years 24 | Months 0 | Days 8 | If less than one day ___ hrs. ___ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Factory Worker

11. Industry or business Rubber Plant

FATHER
12. Name Charles Harbaugh
13. Birthplace Md

MOTHER
14. Maiden name Fannie Angleberger
15. Birthplace Md

16. Informant Mrs Charles Harbaugh
Address Libertytown Md

17. Burial (Burial, ~~cremation, or removal~~ Which?) Date thereof Nov 21st 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Hope

Location Woodsboro Md

18. Funeral director Powell & Albaugh
Address Libertytown Md

19. 20-Nov 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1940 at 8.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___ to ___ 19___, and that I last saw her ~~alive~~ died on Nov 18 1940.

Immediate cause of death Cerebral hemorrhage — DURATION 3 hours

Due to Fracture of skull — 3 hours

Due to auto accident

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11.18.40

Where did injury occur? Frederick (City or town) Md. (County) (State)

Injured at home, farm, industry, public place (where?) Route #75

Means of injury Automobile Injured at work? Returning from work.

Route #75 Deputy Wed.

23. SIGNATURE R. W. Baer Examiner M. D. or other

Address Frederick, Md Date signed 11.18.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (161-2)

CERTIFICATE OF DEATH

11658

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 719 Motter Ave.
Stay in hospital or insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 719 Motter Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: Joseph Richard Steele

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 5,1940

8. AGE: Years	Months	Days	If less than one day
0	0	2	hrs. min.

9. Birthplace: Frederick County Maryland
(Town, county, and state)

10. Usual occupation: ✓

11. Industry or business

FATHER
12. Name: James R. Steele
13. Birthplace: York Co- Pa.

MOTHER
14. Maiden name: Elizabeth Langdon
15. Birthplace: Frederick Co, Md.

16. Informant: Mr. James R. Steele
Address: 719 Motter Ave.,Fred.,Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Nov. 8,1940 (month) (day) (year)
Cemetery or crematory: Union Chapel
Location: Nr. Libertytown,Md.

18. Funeral director: M. R. Etchison & Son
Address: Frederick,Md.

19. 8-Nov 1940 Dra J. McSurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 7 1940, at 6 15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5 1940 to Nov 7 1940, and that I last saw him alive on Nov 6 1940.

Immediate cause of death	DURATION
Congestive enlargement of liver	36 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J Elmer Harp Md M. D. or other
Address: Buddletown Date signed: Nov 8 40

RECEIVED
DEC 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

11659

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick

City or town Lewistown, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Lewistown, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No.

3. (a) FULL NAME

Mrs. Addie Gertrude Storr

3. (b) Social Security Number

None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife John D. Storr

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1872

8. AGE:

Years	Months	Days	If less than one day
68	0	27	..... hrs. ..... min.

9. Birthplace Frederick, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name John Mc Devitt
13. Birthplace Frederick, Md.

MOTHER
14. Maiden name Jane Zimmerman
15. Birthplace Frederick, Md.

16. Informant Mrs. Maxie Hill.

Address Lewistown, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Nov. 3, 1940
(month) (day) (year)

Cemetery or crematory Cemetery (Charlesville)

Location Charlesville Fredk Co Md

18. Funeral director M. L. Creager & Son.

Address Thurmont, Md.

19. November 2 1940
(Date rec'd by registrar)

Anna M. Jones
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November. 1, 1940, at 1A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1940, to Nov 1st 1940 and that I last saw ... alive on Oct 31st 1940.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION
6 hours
10 years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Heyer M. D. or other

Address Frederick Md. Date signed Nov 1st 1940

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

11660

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick - Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: I.O.O.F Home

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Williamsport Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: Mrs. Lucinda Taylor

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widow

8 (b) Name of husband or ~~wife~~: Joseph Taylor

8(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 26, 1850

8. AGE: Years	Months	Days	If less than one day
90	4	26	hrs. min.

9. Birthplace: Williamsport - Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER — 12. Name: Henry D. Esmon

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden name: Lucinda Evermyer

MOTHER — 15. Birthplace: Germany

16. Informant: I.O.O.F. Home Records

Address: Frederick, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 11/25/40 (month) (day) (year)

Cemetery or ~~crematory~~: Riverview Cem.

Location: Williamsport, Maryland

18. Funeral director: M. R. Etchison & Son

Address: Frederick, Maryland

19. 25-Nov 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22 1940, at 12 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 20 1940, to Nov. 22 1940, and that I last saw her alive on Nov 22 1940.

Immediate cause of death	DURATION
Acute Coronary Thrombosis	2 days
Due to Arteriosclerosis	
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: A. Austin Pearre M.D.

M. D. or other

Address: Frederick, Md Date signed: 11/24/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

11661

Reg. Dist. No. 1 4 1

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: N Maple ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Fred.
City or town: Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: N. Maple Ave
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Janice Fay Thomas

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	—

6 (b) Name of husband or wife: —
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 8th 1940

8. AGE: Years	Months	Days	If less than one day
—	2	7	hrs. min.

9. Birthplace: Brunswick Fredk Co Md
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Walter W Thomas
13. Birthplace: Md

MOTHER
14. Maiden name: Mildred V Moss
15. Birthplace: Md

16. Informant: Walter W Thomas
Address: Brunswick Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 17 1940 (month) (day) (year)
Cemetery or crematory: Park Heights
Location: Brunswick Md

18. Funeral director: C A Frazier & Son
Address: Brunswick Md

19. Nov 16 1940 (Date rec'd by registrar) Jno H B. Hodson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 15 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1940, to Nov 15 1940, and that I last saw he alive on Nov 15 1940.

Immediate cause of death	DURATION
Pertusis	4 weeks
Due to	
Due to	
Other conditions: infant 6 weeks old.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: William Thompson M. D. or other
Address: Brunswick Md Date signed: Nov 16-40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

11662

Reg. Diat. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: near Emmitsburg Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: near Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME: Louis Peter Wenzel

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jany 6 - 1853

8. AGE: Years	Months	Days	If less than one day
87	10	0	hrs. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business

FATHER
12. Name: Conrad Wenzel
13. Birthplace: Germany

MOTHER
14. Maiden name: Dont Know
15. Birthplace: Dont Know

16. Informant: Charles H. Wenzel
Address: Emmitsburg Md.

17. Burial (Burial, cremation or removal. Which?) Date thereof: Nov. 9 1940 (month) (day) (year)
Cemetery or crematory: Mt. Olivet
Location: Frederick Md.
18. Funeral director: C. E. Elmer & Son
Address: Frederick Md.

19. Nov. 9 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 6th 1940 at 10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6th 1940, to Nov 6 1940
and that I last saw h[illegible] alive on Oct 28th 1940

Immediate cause of death	DURATION
Cardinoma of Face	
Due to Extension of Face	Comm't 2 0 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frederick R. Hedges M. D. or other
Address: Frederick Md. Date signed: Nov 8th 1940

RECEIVED
NOV 22 1940
BUREAU V. S.

11663

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46 P)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Liberty town
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Jacob Wiles

3. (b) Social Security Number None

4. Sex male | 5. Color or race white | 6.(a) ~~single, married~~, widowed, or ~~divorced~~ widowed

6.(b) Name of ~~husband~~ or wife Anna Wiles

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 22 1869

8. AGE: Years 71 yrs. | Months 8 | Days 4 | If less than one day ..... hrs. ..... min.

9. Birthplace Hagerstown Md.
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER
12. Name Jacob Wiles
13. Birthplace Germany

MOTHER
14. Maiden name Louisa Smith
15. Birthplace Germany

16. Informant Evangeline Rice R.N.

Address Emergency Hospital

17. Burial
(Burial, ~~cremation, or removal. Which?~~)

Date thereof 11/29/1940 (month) (day) (year)

Cemetery or ~~crematory~~ St Pauls Cemetery

Location near Clear Spring, Md.

18. Funeral director M. R. Eltinson & Son

Address 106 E. Church St, Frederick Md

19. 28 Nov 1940 (Date rec'd by registrar) Ira J. McGurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1940, at 9 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 19 1940, to Nov 26 1940 and that I last saw him alive on Nov. 26 1940

Immediate cause of death	DURATION
Carcinomia of Stomach	6 mo. +
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R O Thomas M. D. or other

Address Frederick, Md Date signed 11/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (84B)

CERTIFICATE OF DEATH

11664

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days): 3 Days
Stay in this community (yrs., or mos., or days): 45 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or ~~town~~: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 503 Fairview Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: Mrs. Lillian Rowena Willard

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband or ~~wife~~: William B. Willard
6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): May 5, 1895

8. AGE: Years	Months	Days	If less than one day
45	6	17	____ hrs. ____ min.

9. Birthplace: Frederick, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At Home
FATHER 12. Name: A. Lincoln Englebrecht
FATHER 13. Birthplace: Frederick, Md.
MOTHER 14. Maiden name: Jeanette V. Akers
MOTHER 15. Birthplace: Nr. Frederick, Md.
16. Informant: Mr. William B. Willard
Address: 503 Fairview Ave., Frederick, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 11/25/40 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cem.
Location: Frederick, Md.
18. Funeral director: M. R. Etchison & Son
Address: Frederick, Md.
19. 25-Nov 1940 (Date rec'd by registrar) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-22-40 19____, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-20-40 19____ to 11-22-40, and that I last saw h alive on 11-22-40 19____

Immediate cause of death	DURATION
Paralysis & Respiratory Center	1 day
Due to Pneumococcic Meningitis	2 days
Due to Bilateral pneumococcic mastoiditis	2 days
Other conditions Acute interstitial nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ____
Means of injury: ____ Injured at work?

23. SIGNATURE: Jas I. Brandfield MD M. D. or other
Address: Frederick, Md. Date signed 11-23-40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

11665

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 44 years

Hospital, Institution, or street address where death occurred:

4 West 2nd Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4 W 2nd St

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Virginia M.C. Gentz

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband ~~or wife~~ Newton M. Gentz

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 28 - 1861

8. AGE: Years	Months	Days	If less than one day
79	7	7	..... hrs. ..... min.

9. Birthplace Newstown Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Ezra Michael

13. Birthplace Lewistown Md.

MOTHER 14. Maiden name Amanda Ramsburg

15. Birthplace Lewistown Md.

16. Informant Mrs. Ross S. Harp

Address Frederick Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof Nov 6-1940 (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick Md.

18. Funeral director C.E. Eline & Son

Address Frederick Maryland

19. 5-Nov 1940 (Date rec'd by registrar) Dora J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4th 1940, at 6:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1st 1940, to Nov 4th 1940

and that I last saw h[illegible] alive on Nov 3rd 1940

Immediate cause of death	DURATION
Coronary Occlusion	4 days
Due to: Myocarditis	15 years
Due to: Arterial Sclerosis	40 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Frank H. Hedges M.D. or other

Address Frederick Date signed Nov 4th 1940

Dr. F.H. Hedges

RECEIVED
DEC 5 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

11666

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred: 210 East Patrick St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 210 East Patrick St
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME Amanda Donsife Zimmerman

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
female	white	single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 5 1856

8. AGE: Years	Months	Days	If less than one day
84	3	18	..... hrs. ..... min.

9. Birthplace M. Woodsboro, Frederick, Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name W. H. Zimmerman
13. Birthplace Frederick, Co Md.

MOTHER
14. Maiden name Sarah Ann Donsife
15. Birthplace Woodsboro, Md

16. Informant Miss Clara Zimmerman
Address 210 East Patrick, Frederick, Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 11/25/40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md

18. Funeral director Harry E. Carty Co
Address Frederick, Md.

19. 23-Nov 1940 (Date rec'd by registrar) Ira J. McGurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1940, at 1205 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 21 1940, to Nov 23 1940 and that I last saw her alive on Nov 22 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 3 days

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE H S Kline M.D. M. D. or other

Address Frederick Md Date signed Nov 24 40

RECEIVED
DEC 5 1940
BUREAU V. S.